

Substance Abuse Action Coalition
Juvenile Criminal Justice
March 26, 2004

Present were Sondra, for Petra Smith, Janet Johnson, Sheli Schindler, Corey Steele, Sara Wolter, Otto Schultz, Scott Carlson, Bev, for Lori Griggs

Scott Carlson introduced himself representing Juvenile Drug Court. He noted that they have had 23 people graduate from their program. Some have stayed so drug-free that they have had drug-free babies. Graduates have talked to schools. The program lasts for 9-12 months and usually has from 20-25 clients. They are now working toward having it put into statute by the legislature and acquiring stable funding by working with the JBC.

We scheduled our next meeting for Thursday April 29 at 1:00 p.m. at 555 So. 9th St. free parking is available in the new lot just north of the County/City Building.

Issues fall into five major groups:

- Communication between treatment, criminal justice and schools
- Lack of treatment availability
- Treatment policies appear to be inconsistent
- Parental Resistance
- Financial Issues

Communication between treatment, criminal justice and schools

1. Original Statement of the Issue: Evaluation counselors (and treatment counselors) do not always get all the Releases of Information that they need. Additional Thoughts: Sometimes the evaluator has the info needed for the eval and passes the responsibility for contacting collaterals on to the primary counselor. Sometimes the evaluator forgets. Sometimes family members or client refuse permission.

Solution Ideas: Evaluators need to know that Lincoln Public Schools (and possibly others) offer up to 5 credits for completion of treatment as well as credits for active involvement in re-integration groups.

A checklist could be incorporated into the CASI process for collateral contacts.

2. Original: There is a lack of questions for collateral sources. Additional Thoughts: There are no standard questions

Solution Ideas:

3. Original: School frustration is that they may not know if a student is in the Criminal Justice System. School could provide more support if they knew. Additional Thoughts:

Solution Ideas: Active SMART teams came from the county attorney's office to deal with truancy and other issues. School and Criminal Justice representatives staff individual student problems together.

Treatment Policies Appear Inconsistent

1. Original: Drug testing policies appear to be inconsistent within and among treatment agencies. Some clients are tested frequently. Others rarely. Additional Thoughts: this may be related to different philosophies, different budgets, different counselor preferences,

Solution Ideas:

2. Original: Policies for dealing with relapse are inconsistent. Additional Thoughts: Different philosophical beliefs, different budgets, Also inconsistencies among Criminal Justice Agencies. They can test only when testing is in the court order. There is a lack of awareness about the therapeutic differences in approaching relapse.

Solution Ideas: Involving the school resource officer can help with this problem.

Lack of treatment availability

1. Original: Kids come out of intensive residential treatment and sometimes drop down all the way to one group per week in Aftercare. Additional Thoughts: Can't the next step be IOP? They may not meet the standards for IOP as prescribed by the insurance company.

Solution ideas: Involve insurance representative in these conversations.

2. Original: Kids are more likely to connect with a person than a group, but they are handed from one counselor to another as they go through the system. Additional Thoughts: JDC works best for continuity.

Solution Ideas:

3. Original: F3 has problems with getting people into treatment. Wants to develop more treatment. Additional Thoughts:

Solution Ideas: Begin to identify the exact nature or pattern of problems for getting kids into treatment.

4. Original: There needs to be a larger continuum of care. Additional Thoughts: More steps in the continuum of care. Care could be integrated with harm reduction. Now only CADACS can talk to kids about drugs. Child welfare programs are also compartmentalized.

Solution Ideas:

Parental Resistance

Original: Some parents resist because they feel questions about drug taking are too invasive. Additional Thoughts: Some resist because they are users themselves.

Solution Ideas: Staff may benefit from education on dealing with resistant parents.

Financial Issues

1. Original: Youth Detention Center serves about 50 kids. Goal is to get a Medicaid carve-out for kids in the system of care. Would save child welfare \$. Kids who need treatment sit in jail. A lawsuit is possible. Also, the county's money is wasted, since the treatment cost is the same and the youth uses up \$213 each day in jail. Additional Thoughts:

Solution Ideas: This type of money wasting idea may be good for the press. An article would need to be solution focused, rather than fault finding.

2. Original: Magellan drives down the treatment diagnosis to a lower level of care in order to save costs. We need to make use of the managed care appeals system. As of July 1, there is a financial incentive to deny and decrease care. Additional Thoughts:

Solution Ideas: Invite Magellan representative to join this group.

Additional People Needed For To Get the Best Results

1. Someone from Magellan – Otto will ask BJ Brittenham at the Independence Center who would be a good contact for this.
2. A school resource officer
3. Sheli will invite Al Jensen from Health and Human Services. He understands (if that's possible) the juvenile justice system.
4. Two or three treatment providers – Otto will ask the treatment providers for two representatives.
5. Afterthought: one or two graduates of Juvenile Drug Court or other programs

Sue Outson – Insight Employee Assistance Program was eager to join this group but is generally unavailable on Fridays.